



Department of Education
State Superintendent Dr. Marilyn Howard
P.O. Box 83720
Boise, ID 83720-0027
Pupil Transportation, 208-332-6851

SCHOOL BUS ACCIDENT “SHORT FORM”

This “short form” should be filled out and submitted to the Department of Education only if all of the following apply:

- Accident did not result in any injury to persons.
- There was less than \$750 damage to any property.
- No vehicle had to be towed from the accident scene.

School District Name and Number _____

Date and Time Accident Occurred _____

Bus Number, Year and Make _____

Bus VIN Number _____

Bus is: ☐ District-Owned ☐ Contractor-Owned

Bus Driver's Name _____ # Years He/She Has Driven Bus _____

Location of Accident (city and county) _____

Did Police Respond? ☐ Yes ☐ No If Yes, Attach Copy of Police Report.

Did Anyone Receive a Citation? ☐ Yes ☐ No If Yes, Who and What For? _____

Was Bus Backing at the Time of Accident? ☐ Yes ☐ No

Description of Accident? _____

List Any Contributing Factors, e.g., weather, light, speed, road, etc. _____

Signature of Preparer _____ Date _____